

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 403500	RECEIPT DATE:	10 / 22 / 99
IA NUMBER:	PCT/ CH99 / 00084	IA FILING DATE:	02 / 20 / 99
FAMILY NAME:	HEUTSCH	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	THEODOR	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	02 / 26 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	01351/1118-P	COUNTRY:	CHX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	
		FAX	
NAME:	WENDEROTH LIND & PONACK		
STREET:	2033 K ST NW		
	STE 800		
CITY:	WASHINGTON		
STATE/COUNTRY:	DC	ZIP:	20006
EMAIL:			
APPLICATION TITLES:			
ELECTRONIC DEVICE; PREFERABLY AN ELECTRONIC BOOK			

TAB TO LAST POSITION,PUSH SEND

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/403,500	10/22/99	395	2763	01351/I118-P		
APPLICANT	THEODOR HEUTSCHI, LOHN, SWITZERLAND.					
	**CONTINUING DOMESTIC DATA***** VERIFIED <u>      </u>					
	**371 (NAT'L STAGE) DATA***** VERIFIED THIS APPLN IS A 371 OF PCT/CH99/00084 02/20/99 <u>      </u>					
	**FOREIGN APPLICATIONS***** VERIFIED SWITZERLAND 0459/98 02/26/98 <u>      </u>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/29/99						
Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CHX	SHEETS DRAWING 6	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
Verified and Acknowledged		Examiner's Initials <u>      </u>	Initials <u>      </u>			
ADDRESS	WENDEROTH LIND & PONACK 2033 K STREET NW SUITE 800 WASHINGTON DC 20006					
	ELECTRONIC DEVICE, PREFERABLY AN ELECTRONIC BOOK					
TITLE						
FILING FEE RECEIVED	\$840		FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			
			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			